

VICE CASE REPORT CHICAGO POLICE		1. OFFENSE - PRIMARY CLASSIFICATION <input type="checkbox"/> 1 GAMBLING <input checked="" type="checkbox"/> 2 NARCOTICS <input type="checkbox"/> 3 LIQUOR LAW VIOLATION <input type="checkbox"/> 4 PROSTITUTION <input type="checkbox"/> 5 OBSCENITY <input type="checkbox"/> 6 PUBLIC INDECENCY (LIC. PREMISE)		2. SECONDARY CLASSIFICATION POSSESSION CONTROLLED SUBSTANCE		1-UCR OFFENSE CODE 2027		3. RD NO.					
4. ADDRESS OF OCCURRENCE (NO. - DIR. - STREET - APT. NO.) 4 [REDACTED]				5. DATE OF OCCURRENCE - TIME 02 OCT 09 0130		6. DATE R.O. ARRIVED - TIME 02 OCT 09 0130		7. BEAT / UNIT ASSIGNED 6791A/6714B		8. BEAT OCCURRED 814			
9. TYPE OF LOCATION / PREMISE WHERE OFFENSE OCCURRED <input type="checkbox"/> 240 TAVERN / LIQUOR STORE <input type="checkbox"/> 166 POOL ROOM <input type="checkbox"/> 193 DRUG STORE <input type="checkbox"/> 260 HOTEL / MOTEL <input type="checkbox"/> 095 AIRPORT / AIRCRAFT <input type="checkbox"/> 121 CHA APARTMENT <input type="checkbox"/> 123 CHA PARKING LOT / GROUNDS <input type="checkbox"/> OTHER - SPECIFY & ENTER CODE <input type="checkbox"/> 293 RESTAURANT <input type="checkbox"/> 167 BARBER SHOP <input type="checkbox"/> 165 NEWSSTAND <input type="checkbox"/> 304 STREET <input type="checkbox"/> 269 PARK PROPERTY STREET												LOCATION CODE 3 0 4	
10. LICENSEE'S NAME (CORP. IF APPLICABLE) D N A				11. BUSINESS LICENSE NO(S).									

12. VICTIM'S / COMPLAINANT'S NAME (LAST - FIRST - M.I.) STATE OF ILLINOIS			13. HOME ADDRESS (NO. - DIR. - STREET - APT. NO.)			14. SEX - RACE - AGE CODE		15. HOME PHONE		16. BUSINESS PHONE		17. TIME AVAIL.		RACE CODES 1 - BLACK 2 - WHITE 3 - BLACK-HISPANIC 4 - WHITE-HISPANIC 5 - AMER.IND./ALASK. NAT. 6 - ASIAN/PACIFIC ISLANDER	
18. PERSON <input type="checkbox"/> 1 DISCOVERED <input type="checkbox"/> 2 WITNESSED <input type="checkbox"/> 3 REPORTED OFFENSE															

19. OFFENDER'S NAME (OR DESCRIBE CLOTHING, ETC.) [REDACTED]		20. OFFENDER IN CUSTODY <input checked="" type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO		21. NICKNAME / A.K.A. [REDACTED]		22. HOME ADDRESS [REDACTED]		23. SEX - RACE - AGE CODE m f 35		HEIGHT 600		WEIGHT 225		EYES BRN		HAIR BLK		COMPL. DRK	
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24. DATE OF BIRTH [REDACTED]		25. I.R./C.B. NO.		26. CHARGES UUW BY FEOLN x 2 PCS x 2		27. COURT BRANCH - CALL 48-2		28. COURT DATE 08 Oct 09		29. INVENTORY NO. SEE SUPP		30. WEIGHT 30 grams		31. E.S.V. 6150	
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OFFENDER'S NAME (OR DESCRIBE CLOTHING, ETC.)		OFFENDER IN CUSTODY? <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO		NICKNAME / A.K.A.		HOME ADDRESS		SEX - RACE - AGE CODE		HEIGHT		WEIGHT		EYES		HAIR		COMPL.	
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DATE OF BIRTH		I.R./C.B. NO.		CHARGES		COURT BRANCH - CALL		COURT DATE		INVENTORY NO.		WEIGHT		E.S.V.	
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OFFENDER'S NAME (OR DESCRIBE CLOTHING, ETC.)		OFFENDER IN CUSTODY? <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO		NICKNAME / A.K.A.		HOME ADDRESS		SEX - RACE - AGE CODE		HEIGHT		WEIGHT		EYES		HAIR		COMPL.	
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DATE OF BIRTH		I.R./C.B. NO.		CHARGES		COURT BRANCH - CALL		COURT DATE		INVENTORY NO.		WEIGHT		E.S.V.	
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32. NO. OF OFFENDERS 1		33. NO. OF ARRESTEES 1		34. TYPE OF ARREST <input checked="" type="checkbox"/> ON VIEW <input type="checkbox"/> WARRANT		35. ADDRESS OF ARREST					
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36. VEHICLE USED BY OFFENDER(S)		YEAR		MAKE		BODY STYLE		COLOR		V.I.N.		STATE LICENSE NO.		STATE EXPIR. MO./YEAR	
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37. OTHER VEHICLE IDENTIFIERS										38. VEHICLE CONFISCATED <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO		POUND		39. MOTOR VEHICLE INVENTORY NO.	
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40. NARRATIVE (Do not duplicate or repeat information - for explanation or additional information only) EVENT #01354 SEE GANG ENFORCEMENT SUPPLEMENTARY REPORT													
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41. FLASH MESSAGE SENT? <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO										42. GANG RELATED - AFFILIATION <input type="checkbox"/> VICTIM <input type="checkbox"/> OFFENDER			
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43. EXTRA COPIES REQUIRED (NO. & RECIPIENT) <input checked="" type="checkbox"/> NORMAL (3)		<input type="checkbox"/> CONTINUE OTHER SIDE		44. NOTIFICATIONS, IF APPROPRIATE, MADE BY		UNIT NOTIFIED		PERSON NOTIFIED		DATE (DAY - MO. - YEAR) - TIME			
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45. REPORTING OFFICER'S NAME (PRINT) ANTHONY AMATO		STAR NO. 20511		46. REPORTING OFFICER'S NAME (PRINT) VICTOR RIVERA		STAR NO. 13011		47. DATE INVEST. COMPLETED - TIME 02 OCT 09 10700		48. SUPERVISOR APPROVING (PRINT NAME) J. LOPEZ		STAR NO. 809	
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SIGNATURE [Signature]		SIGNATURE [Signature]		49. DATE SUPV. APPROVAL - TIME 02 OCT 09 10800		50. APPROVAL SIGNATURE [Signature]					
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CPD-11.414 (Rev. 8/96) Identify and describe all property or possible evidence recovered at the end of the narrative in column form. Show exactly where found, who found it and its description (enter Property Inventory numbers in box 29).													
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CP 717492

DB
clerk

The description of offenders, possible weapons and possible vehicles used by offenders, contained within this report are approximations or estimates unless otherwise indicated. The sobriety of victims, witnesses and offenders is their apparent condition when reported. Witnesses' location at time of offense and distance from scene are the best approximation obtainable. All statements of victims, witnesses and offenders are summarizations unless otherwise indicated

RD NO.

CONTINUATION OF NARRATIVE

I HAVE READ THIS REPORT
AND BY MY SIGNATURE INDICATE
THAT IT IS ACCEPTABLE

SUPERVISOR'S SIGNATURE

DATE (DAY-MO-YR.)

FOR USE BY BUREAU OF INVESTIGATIVE SERVICES ONLY

STATUS		IF CASE IS CLEARED, HOW CLEARED (USE THIS BOX FOR SINGLE CLEARUP OR FIRST CLEARUP OF MULTIPLE CLEARUP LIST)		ADULT	
<input type="checkbox"/> 0 PROGRESS	<input type="checkbox"/> 1 SUSPENDED	<input type="checkbox"/> 2 UNFOUNDED	<input type="checkbox"/> 3 ARREST & PROSECUTION	<input type="checkbox"/> 4 COMMUNITY ADJUSTMENT	<input type="checkbox"/> ADULT
<input type="checkbox"/> 3 CLRD. CLOSED	<input type="checkbox"/> 4 CLRD. OPEN	<input type="checkbox"/> 5 EXC. CLRD. CLOSED	<input type="checkbox"/> 2 DIRECTED TO FAMILY COURT	<input type="checkbox"/> 3 COMPL. REFUSED TO PROSECUTE	<input type="checkbox"/> JUV.
<input type="checkbox"/> 6 EXC. CLRD. OPEN	<input type="checkbox"/> 7 CLOSED - NON-CRIMINAL			<input type="checkbox"/> 5 OTHER EXCEPTIONAL	
I-UCR OFFENSE CODE	REV. CODE	REMARKS (PERTINENT INFORMATION NOT ON ORIGINAL REPORT)			
<input type="checkbox"/> 1 CORRECT					
<input type="checkbox"/> 2 REVISED					

PREPARED BY - SIGNATURE

STAR NO.

DATE (DAY-MO-YR.)

APPROVED BY - SIGNATURE

STAR NO.

DATE (DAY-MO-YR.)

ATTACHMENT 5

C.R.# 10514